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RECORDS & COMMUNICATIONS  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 769116 (5)**

1. Corporation Name  
**THE NAPOLEONIC SOCIETY OF AMERICA, INC.**

Principal Place of Business <b>1115 PONCE DE LEON BLVD. BELLEAIR FL 34616</b>	Mailing Address <b>1115 PONCE DE LEON BLVD. BELLEAIR FL 34616</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/27/1983</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2323495</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**SNIBBE, ROBERT M  
640 PONSETTA ROAD  
BELLEAIR FL 34616**

10. Name and Address of New Registered Agent

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PMD</b>	NAME <b>SNIBBE, ROBERT M.</b>	1.1 TITLE <b>VP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>640 PONSETTA ROAD</b>	CITY - ST - ZIP <b>BELLEAIR FL</b>	1.2 NAME <b>Allan, Douglas</b>	
		1.3 STREET ADDRESS <b>60 Portland Road</b>	
		1.4 CITY - ST - ZIP <b>West Conshohocken, PA</b>	
TITLE <b>VP</b>	NAME <b>WILLIAMS, STEVE</b>	2.1 TITLE <b>VP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>200 FORNEY ROAD</b>	CITY - ST - ZIP <b>HUNTINGDON TN</b>	2.2 NAME <b>[Signature]</b>	
		2.3 STREET ADDRESS <b>900 S. Olive Ave. Turf</b>	
		2.4 CITY - ST - ZIP <b>West Palm Beach, FL</b>	
TITLE <b>S</b>	NAME <b>WILLIAMS, ROBERT D.</b>	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>34 BARRETT'S MILL RD.</b>	CITY - ST - ZIP <b>CONCORD MA</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE <b>T</b>	NAME <b>NICOLAZZO, JOSEPH</b>	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>120 ROOSEVELT FOREST DR.</b>	CITY - ST - ZIP <b>STRATFORD CT</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE <b>EVP</b>	NAME <b>TINLIN, RONALD</b>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>2089 NO. COLLINS BLVD.</b>	CITY - ST - ZIP <b>RICHARDSON TX</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE <b>D</b>	NAME <b>ETLING, WALTER</b>	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>682 NE 105TH ST</b>	CITY - ST - ZIP <b>MIAMI SHORES FL 33138</b>	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert M. Snibbe* Robert M. Snibbe 1/19/95 (813) 586-1779

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #